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CONTENTS.

CLINICS.

CLINICAL LECTURE.

Clinical Lecture on the Treatment of Fractures of the Leg, by JAMES PAGET, F.R.S., Surgeon to St. Bartholomew's Hospital. (Continued from p. 54.)

An essential condition for the good repair of fractures is that, once put up, they should not be moved till the repair is complete; and any apparatus, however ingenious or well designed it may seem, that does not usually fulfil that condition, is a defective one. Immobility of the fragments, perfect rest, and an undisturbed condition of the limb, are the essential conditions to fulfil in the treatment of all fractures. Moreover, by slinging the leg in this way, that condition which stands next in importance is fulfilled—namely, that the broken parts should be kept at rest, and the remainder of the body should be comparatively free to move. The patient's leg is kept completely at rest in the splint; but, being slung in this cradle, he can move the rest of the body, can sit up in bed, and can turn this way or that without any damage being done to the fracture.

But among these cases of fracture of the lower extremity there were some that may require a more especial notice—some that were complicated. One of these was a case of compound fracture. "Samuel N——, aged seventy-seven years;" and yet, for that age, with considerable strength; for he was, as he described it, "temperate in both things." He seemed to think that there were but two things in life in which men could commit excess, and in both of these he had been all his life quite temperate. "On admission, with fracture of the tibia and fibula, a small wound was seen on

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the outer side of the leg, caused by the protrusion of the fibula." The fracture was just above the ankle, fairly across both bones, with but little distortion of the limb, but with a piece of the fibula thrust through the integument. "The wound was sealed up with collodion, and twelve hours afterwards carbolic-acid putty was applied. There had been a considerable bruising of the subcutaneous tissues, and the fibula was comminuted."

We will take that part of the case first. Compound fracture, of course, may involve the question whether amputation should be performed or not. There could be no reasonable question in this case. The amount of protrusion of bone and other damage done was not so considerable as to have justified amputation in any person; but in a man of seventy-seven the risks of primary amputation of the leg for injury are so great that it would hardly be possible to have a condition of fracture attended with a greater risk. So that, as a general rule, you would have to look for a case quite beyond and outside the ordinary condition of fractured legs, if you would think of amputating the limb in a person of seventy-seven. Collodion was put on at once, and then carbolic acid applied. You know we are trying the effects of carbolic acid for compound fractures and some other forms of injury, after the manner which has been so strongly recommended by Professor Lister. In this case I would say that the carbolic acid was applied, if not with all the skill that Professor Lister would employ it, yet with more than is ever likely to be generally used in the treatment of fractures; and yet it certainly did no good. I will not say that it did harm; if it did harm, it was rather through my fault in leaving it too long when the wound should have been left open to discharge itself. But, at any rate, carbolic acid, applied here with a considerable amount of care and skill, failed altogether to attain its end; for, three days after the fracture, we observed that the limb was becoming the seat of inflammation of the acutest kind—of the whole of its cellular tissues; more especially, as is commonly the case, of the cellular tissue immediately below the skin. The whole limb became swollen, tense, very hot, and very painful; and there was generally diffused redness of the whole surface of the integument of the leg; and the same condition of things, in a less degree, extended up the thigh towards the groin—hardness, swelling, and œdema. At the same time, the old man had all the signs of very acute fever.

Now this condition of cellulitis following upon bad compound fractures is not a very rare thing, but in such an extreme degree as ensued in this man it is rare. It commonly subsides after the lapse of a few days, but in this man it went on manifestly to worse consequences—to softening, bogginess, and a tendency to sloughing of the integuments. Observe, it is a condition not peculiar to compound fractures; it is exactly the condition which you have had occasion to see lately in my wards in consequence of ruptured bursæ; and several other cases of ordinary wounds of the hands, during the last three months, have been admitted with precisely the same kind of cellulitis.

This condition, occurring after compound fracture, is also one in which the question of amputation is sometimes raised; but I think I cannot speak too strongly against the practice of amputation so long as this inflammation of the cellular tissue is in its acute condition. Under all circumstances, amputations done for acute disease are less favourable than those which are done for chronic. Another division is still wanting in the tables that are constructed to determine the mortality of amputations. I think I can be sure that if the "amputations for diseases" were divided into amputations for acute disease and amputations for chronic disease, we should find the mortality of the former at least twice as high as the mortality of the latter. This corresponds with what one sees of secondary amputations for compound fracture and other injuries. Those done for some acute condition are much more perilous than those which are done for some chronic state. Here, as I said, the age of the patient excluded the idea of amputation; but if amputation be done in such a case it should not be done in the acute condition of the cellulitis, except under the most urgent circumstances. The cellulitis should be allowed to take its course, and the stage of suppuration should be fully established before amputation should be done. But the cellulitis is not to be left to take its course unhindered. The treatment which I adopted in this old man is that which I would ad-

vise to you—that, namely, of treating the cellulitis as if it had arisen quite independently of fracture, by making incisions into the limb; the same practice as when arising from ruptured bursæ or any ordinary wound. Select as the parts in which to make the incisions, those which feel to the touch boggy—those in which the integuments are softened, in which the tissues beneath are beginning to degenerate and soften preparatory to suppuration. In this case I made six or eight incisions through the integuments, down fairly into the subcutaneous tissue. They relieved the patient greatly, and I regret only that I did not make many more. I was hindered by the loss of blood, which in a man of that age it seems important to avoid. No doubt had I made more I should have greatly diminished the extent of slough which ensued. Now, as you see, the acute inflammation has for the most part subsided: that in the thigh has subsided almost entirely; that in the leg itself is very much reduced in amount. The sloughs have almost separated, and there remains a large extent of surface of the skin granulating, and, after its measure, healing. While these things were being done to the limb itself, the patient was put on what may be called an almost unlimited diet; he was allowed to have whatever he liked, and with that he was allowed to have six ounces of wine. Upon this plan the man has retained his strength, has continued cheerful, has a good firm pulse, sleeps pretty well, and has his bowels open every day—a point of great anxiety to him, for to it and his temperance he attributes his having lived to the age of seventy-seven, with a fair measure of health. Now he may be considered to have recovered from all the most urgent consequences of his fracture, and the case presents itself as a struggle between the man's remnant of power, and the necessity of producing an adequate amount of reparative material to provide for the repair of his damage.[1]

Here is a matter worth stopping a few minutes to consider. What do we mean when we talk of a man having power enough to repair an injury? It might reasonably be asked, why is there any necessity for great power for the repair of an injury? As you watch this man you will see that there will be an almost daily question whether the remnant of his vital power (as we say) will not be exhausted in repairing the damage to his limb. There is nothing of acute inflammation, of acute fever, to waste him; that has passed by. Still it is a question whether he will have power enough to repair this fracture, and the sloughing that has ensued.

We have very imperfect means of ascertaining what amount of force is consumed in the repair of textures. But we do know that there is more force required for development of structures than there is for growth, and more force required for growth than for the ordinary maintenance of the structures; so that a continual expenditure of force is involved in the necessity, not only of maintaining all the tissues of a limb in their natural condition, but much more in that of repairing any damage which that limb has sustained—that is, of producing and organizing a sufficient quantity of material for the repair. In this case a large quantity of tissue must be formed for the purposes of the repair, and a large quantity of pus will be produced, and in both these processes there will be a large expenditure of vital force.

I suspect that if the question were asked, why the production of pus is a source of great exhaustion to patients, most of you would be puzzled to answer it. There is nothing in the materials or the chemistry of pus to explain the exhaustion. If you were to measure the quantity of pus which a man produces in a day, and give him the same quantity of milk to assimilate, he would, so far as materials are concerned, be on a nearly exact balance; and yet that amount of nutriment would not compensate for his loss of power in suppuration. I owe it to my house-surgeon, Mr. Butcher, to have suggested to me the real explanation—namely, that it is not the mere loss of material, but the expenditure of force, which exhausts a suppurating man. If pus contained no organized materials, the system might produce the same quantity without exhaustion; but there is a continual expenditure of force in producing and organising the pus-cells, which are the degenerating materials for repair, and in the production of which, doubtless, there is just as much expenditure of force as there would be in the

[1] March 2d.—The case continued to make good progress, and now the fractures feel firmly united, and the healing of the soft parts is nearly complete.

production of so much embryo material of true tissues. This seems to be the explanation of the waste of force which goes on in the process of large repairs; in largely suppurating wounds or abscesses; it is the expenditure of force in the formation of structures however lowly organized.

The other case that I will speak of now is that of the man who passed into the condition of delirium tremens. A drayman, thirty-eight years old, was admitted with fracture of the tibia and fibula. This drayman was one of ten out of the eleven who were drunk upon the boxing-night. The one who was sober has been lost sight of; so we give them all the credit of sobriety, and treat them all alike. But this drayman was manifestly very drunk, and went to the further consequences of it. He was, however, treated like the rest; and for the first five days all went on with him as with the others. He combined the usual diet with a rather larger amount of stimulant than the others had—a pint of porter and four ounces of brandy. Besides that, he was ordered, in addition to the ordinary meat diet of the hospital, a pint of beef-tea; and particular directions were given that his feeding should be looked to. So that he had not only that amount of stimulant, but was carefully and well fed. But on December 30th his appetite began to fail; he was restless at night, and hid his dinner—a fact which I advise you to take careful note of. He was very restless during the next night, and had to be injected with half a grain of morphia. The next day he still refused his food and was very uneasy, and at night delirious, shouting and struggling. Then although he was fastened with straps, he managed to pluck off his splints, and to thrust his fibula through the skin. The wound was immediately sealed with carbolic acid putty, and a long splint applied, to which, and to a back splint, the whole limb was firmly bandaged. During that night he took a drachm of the tincture of opium, and more than two grains of morphia were injected under the skin, without any apparent effect. Next day, however, with careful feeding, and the administration of a drachm of laudanum, he was much quieter, and after this he made a rapid recovery. This man was in the habit of drinking from twelve to twenty pints of beer per day.

There are some points in reference to the production of delirium tremens which I want you to look at. The man was not put upon any large quantity of stimulants when he was admitted; but directions were given that he should be well fed; and delirium tremens ensued, not after any diminution of stimulants, but upon the loss of his dinner. He hid his food: feeling for the day no appetite, he thought he might have an appetite by supper-time. Supper-time came, but delirium tremens had set in, and he was too wild to eat. Next day he refused his food absolutely, and was still more restless. The following day he had opiates, and improved; and he improved still more when he began to take food again.

I dare say you are all impressed with the general belief, which is still very prevalent, that delirium tremens depends mainly on abstracting stimulants from a person largely addicted to them. I will not say that it never depends on that; but what is more certain is, that it is much more likely to ensue when a person who is largely addicted to the use of stimulants leaves off food. So long as a man keeps up both the eating and the drinking, he is in little risk of delirium tremens. When either suddenly he leaves off eating and takes to drinking, or when gradually he diminishes his food and increases his drink, he is in the greatest danger of that disease. So that we come to this—which may seem paradoxical and immoral too—that a man who both eats and drinks too much is in less danger than a man who commits only one of those excesses. The double fault is less mischievous than the single: the eating countervails the harm that would ensue from the drinking. If we look about in society we may see this very plainly. There are still many persons habitually engaged in too great eating and drinking, doing both to excess; and they are in danger of breaking down in various defects of digestion and the consequent disturbances, but they are in no danger of delirium tremens. The people who are in that danger, and show the evil effects of drinking in the most marked form, are they who drink largely and eat little. And in all such cases as this drunken draymen's the risk of delirium tremens is not in diminishing the drink, but in not seeing that the patient takes sufficient food.

The admission of this fact has very

much simplified the treatment of delirium tremens; and not simplified it alone, but made it more successful. I can well remember when, twenty-five or thirty years ago, delirium tremens was looked upon as a thing very likely to be fatal. It was treated with large quantities of stimulants and large quantities of opium; and this course of treatment was supposed to be necessary to cure it. Now we do not materially increase the quantity of stimulant when a man becomes the subject of delirium tremens; and we give no excessive doses of laudanum. The thing that we especially look to in these cases is that by any means the patients should be fed—fed by the rectum if they cannot be fed by the stomach.

After the thrusting of his own fibula through his skin, the wound, as I told you, was at once sealed with carbolic-acid putty by Mr. Butcher, and the result has been that no damage has been sustained in consequence of the fracture becoming compound. I am not prepared to say that this was due entirely to the treatment by carbolic acid. The wound made by the fibula was small, and not made with any great force—only the force of so much muscular power as the man could exercise in the broken limb. The wound was immediately closed, and had any ordinary covering been employed instead of the carbolic-acid putty, the result might have been the same.

Of the other fractures which were admitted I should like to point out to you the manner in which one was treated—the fracture of the upper arm. The lad was kept in bed. That is a measure not commonly necessary for the treatment of fractures of the arm; but here the upper part of the shaft of the humerus was so very nearly driven through the integuments—the edge of the bone could be felt with so thin a layer of skin covering it—that the least displacement would have converted it, not only into a compound fracture, but into one of the most serious kind, for it is most probable that the capsule of the shoulder-joint was involved in the injury. Had the bone protruded through the skin, in the acute inflammation which would have been set up, the shoulder-joint would have participated, and this would have complicated the injury very considerably. It was, therefore, necessary that the lad should be in very much more perfect rest than most patients with fracture of the upper extremity need to be.

I adopted in this case the means of extension by a weight and pully. You have seen this method often employed in fractures of the thigh, and still more often in diseases of the hip and knee joints. It is not commonly employed for fractures of the upper extremity; but is of great value in their treatment when they exist in their worse forms. The straps are fastened to the forearm, and from them a rope is carried over a pulley; and to this rope a weight is attached. The weight in this case was 4 lbs.; and by means of this a persistent, steady extension, without any possibility of violence, was kept upon the arm, hour after hour and day after day. The result has been that, very gradually and without any violence, the edge of the bone that was close beneath the skin has been drawn away from it—drawn into its right place; and now, after the lapse of three weeks, there is very fair union of the bone, and the lad gets up with perfect safety. I have adopted this apparatus from a description sent me by an American surgeon, whose name I am ashamed just now to have forgotten, who treats all his fractures of humerus by the same means, but with such an adjustment that the patient can walk about with his ordinary splint upon the arm.

There is only one other fracture that I must speak of, and that is in an old woman who was admitted with fracture of the thigh. I have been speaking of delirium tremens following fracture; but remember that it is not every patient who becomes delirious, or even mad, after a fracture, who has delirium tremens. Rarely, and yet often enough to keep you on the alert, a patient becomes simply insane after an injury. Just as, after parturition, a patient with any tendency inherited or otherwise, to insanity, may pass into a condition of puerperal mania, so, but more rarely, after an injury or an operation, a patient becomes maniacal, simply insane. This patient was an old woman of seventy-five or seventy-six, who was admitted with a fracture of the neck of the thigh-bone, and was treated after the ordinary manner. Two or three days after admission she became excited and strange in her manner, and, to be brief, in a day or two more it was perfectly manifest that she was insane; talking, foolish, excited, wakeful, but with none of the ordinary characteristics of delirium tremens. But her insanity was acute enough to produce that

exhaustion which is so likely to occur in insane very old persons; and with this condition of mere insanity added to her fracture, she died.—Lancet, March 6, 1869.

HOSPITAL NOTES AND GLEANINGS.

Diabetes.—Three cases of this disease have lately been treated under the care of Sir Wm. Jenner, Dr. Reynolds, and Dr. Wilson Fox, by peroxide of hydrogen. One patient died, one went out unrelieved, and the third remains under treatment. The conclusion arrived at has been that the remedy was useless. No effect was produced upon the quantity of sugar or water. So long as his diet was not restricted the existing patient did not improve. —Lancet, March 20, 1869.

Aneurism of the Aorta.—Dr. Murchison has in the Middlesex Hospital, a coachman, aged 38, with aneurism, probably of the ascending aorta. There is a tumour to right of sternum Right radial pulse slightly less than left. A double murmur heard over tumour. On December 21st, ten minims of tinctura veratri viridis (Ph. Br.) were given twice a day, and the dose since gradually increased, so that he is now taking twelve minims three times a day. Diuretics have also been administered, with an ample, nourishing diet, and very little fluid. The man has greatly improved. The tumour has decreased in size, and the skin over it, which was tense, shining, and red, is now of natural appearance. The veratrum only once produced a little sickness. —Ibid., March 27, 1869.

Jaundice from Hydatids.—A man aged 34, was shown us by Dr. Murchison, who had been admitted with two tumours in right hypochondrium, small, fluctuating, and distinct. From the first five ounces, and from the second seven ounces, of characteristic fluid were let out by a fine trocar. Probed with a wire, it was ascertained that the cysts were very small; yet the man is deeply jaundiced, evidently from pressure upon the bile-duct. Further examination showed a small, fluctuating tumour, projecting slightly between the eighth and ninth ribs at back of right flank, the ribs being somewhat widely separated by it. Dr. Murchison was going to tap this, when he found another swelling of doubtful character in the left groin, and he therefore waited to see the effect of cleansing the bowels ere dealing with the third cyst. The man had no bad symptoms after either tapping, but rather grumbled at having to lie on his back for twenty-four hours.—Ibid.

Luxation of Humerus from Epilepsy.—There is now amongst the out-patients, under Dr. Hughlings Jackson's care, at the *National Hospital for the Epileptic and Paralysed*, a man who has dislocated his right shoulder seven times; the first four times in fits, the last three times in simply using the right arm. He now wears an apparatus contrived by Mr. Gumpel, with the hope of keeping the head of the bone in its place. In the very first fit the patient ever had, two years ago, he dislocated the left shoulder, and this dislocation has never been reduced, although several attempts have been made by eminent surgeons.—Ibid.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

College of Physicians of Philadelphia—Delegates to the American Medical Association.—The following Fellows of the College have been appointed delegates to the meeting of the American Medical Association to be held in New Orleans on Tuesday, May 4th, of the present year: Drs. George B. Wood, George W. Norris, Charles D. Meigs, Isaac Hays, Alfred Stillé, Casper Morris, D. Murray Cheston, Edward Hartshorne, A. Douglass Hall, John H. Packard, J. M. Da Costa, W. S. W. Ruschenberger, D. F. Condie, S. Weir Mitchell, T. Hewson Bache, and John H. Brinton.

It will be perceived that among the above delegates are some of the oldest and most eminent Fellows of the College, and several who took a prominent part in the formation of the Association, who formerly filled high offices in that body, and during its early years were constant attendants and active participants at its meetings. We have reason to believe that this action has been prompted by the wish to evince a hearty participation in the desire for a cordial reunion of the members of our profession in every section of our country into

one harmonious brotherhood—a brotherhood having for its sole object the advancement of our science for the relief of suffering humanity. Several of the delegates from the college, in consequence of advanced age and impaired health, will be unable to venture upon the long journey to New Orleans, but they have accepted their appointment with the view just stated, and will cheerfully transfer their credentials to such younger Fellows of the College as may have it in their power to act as alternates.

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Delegates to the American Medical Association.—The Pathological Society of Philadelphia have elected the following delegates: Drs. James H. Hutchinson, John Ashhurst, Jr., Samuel Lewis, John H. Packard, D. Hayes Agnew, Richard A. Cleemann, I. Minis Hays, Wm. Thomson, Wm. H. Pancoast, S. Weir Mitchell, and Wm. Pepper.

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Medical Graduates in 1869 (continued from p. 58).

Name of College.	No. of Graduates.
Med. Department of Yale College	8
University of Nashville	71
Kentucky School of Medicine (Louisville)	32
Memphis Medical College	3
Medical College of Virginia	15
Missouri Medical College	30
St. Louis Medical College	53

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Obituary Record.—Died, in this city, on the 1st of April, after a protracted illness, Robley Dunglison, M. D., Emeritus Professor of the Institutes of Medicine in Jefferson Medical College, and late Dean of that Faculty.

Few physicians in this country have established a wider reputation than Dr. Dunglison. His learning was extensive and varied; he was a ready writer and a voluminous contributor to medical literature. So popular, at one time, were his works, that they were adopted as text-books in nearly all our medical colleges. He was a highly courteous gentleman, and possessed uncommon tact and good sense, which contributed largely to the success of the institution, over the affairs of which he presided. He had many social qualities also, which endeared him to a large circle of friends who will long deplore his loss.

At a meeting of the Faculty of Jefferson Medical College, April 2, 1869, the following appropriate preamble and resolutions were adopted:—

Whereas, It has pleased Almighty God to remove from among us, in the evening of his life, and in the fruition of a world-wide reputation, our friend and late associate, Dr. Robley Dunglison, Emeritus Professor of the Institutes of Medicine in the Jefferson Medical College, and late Dean of this Faculty; and

Whereas, He was warmly endeared to us by his high social qualities, his stern integrity of character, his unceasing devotion to his official duties, his uniform urbanity and kindness, and the great purity of his life; and

Whereas, In his death the Medical Profession has lost one of its most learned, zealous, and exemplary members; Medical Literature one of its most able promoters; Medical Science one of its most successful cultivators, and Medical Philosophy one of its most faithful interpreters; therefore,

Resolved, That this Faculty will attend the funeral of their late friend and colleague in a body, and that one of their number be appointed to deliver, at the opening of the next session of the College, a Discourse upon his life and character.

Resolved, That a copy of these proceedings, authenticated by the signature of the Dean, be transmitted to the family of the deceased, with the expression of our heartfelt sympathy in their bereavement, and that the same be published in the different papers, and in the two medical Journals of this city. Sam'l Henry Jackson, M. D.,
Dean of Faculty.

At a Special Meeting of the Alumni and Students of the Jefferson Medical College, held at the college building, Friday, April 9, 1869, Dr. W. W. Keen in the chair, and Dr. T. H. Andrews, acting Secretary, the following preamble and resolutions were adopted:—

Whereas, We have heard with profound regret of the death of Professor Robley Dunglison, our former instructor and Emeritus Professor in this institution, therefore, be it

Resolved, That in the death of Professor Dunglison we mourn the loss of one who, by his great learning and indefatigable industry, contributed largely to the advancement of the science of medicine, and to the

success and the distinction of the institution with which he was long and honourably connected as Professor and Administrative Officer.

Resolved, That distinguished alike for his amiable qualities of heart and integrity of purpose, we ever found in him a kind friend and a wise counsellor.

Resolved, That we tender to the bereaved family our deepest sympathies in the great loss they have sustained.

Resolved, That these Resolutions be published in the papers and medical journals of this city, and that a copy be transmitted to the family.

FOREIGN INTELLIGENCE.

Distended Pericardium, threatening Death; Relieved by Paracentesis.—Mr. WHEELHOUSE, records (Brit. Med. Journ., Oct. 10th, 1868) the following case which he attended with Dr. Allbutt, September 18th, 1866. C. S., a gas-pipe layer, was admitted into the Leeds Infirmary under the care of Dr. Allbutt, suffering from very acute rheumatism, both muscular and arthritic, accompanied by dyspnœa and oppression. On examination, the pericardium was found to be considerably distended with fluid, and there was acute pain in the region of the heart. A large blister over the heart and full alkaline and opiate treatment was ordered for him.

On the 19th, at 11.30 P.M., Dr. Allbutt was urgently summoned to the assistance of this poor man, who was said to be dying. On reaching his bedside, he found that this statement was unfortunately only too true; and having, in the practice of the late Professor Trousseau, seen three or four instances in which the operation of paracentesis pericardii was resorted to for the relief of similar conditions, he determined to seek surgical aid for his patient.

I reached the patient within half an hour, and found him sitting up in bed, his head resting on his hands, his elbows on his knees, struggling for breath. He was covered from head to foot with a copious cold sweat, and his hair was dripping; his skin was dusky and cold, his eyes sunken and glazed, and for two or three hours he had been unable to speak.

The case needed but a few words of explanation from Dr. Allbutt, who, telling me that he believed all medical treatment was exhausted, asked my opinion as to the possibility of saving the man by paracentesis. I believed that there was, so far, no successful case of this operation on record; but, with dissolution staring the man so closely in the face, I felt that, at all events, he could not possibly be placed in a more critical condition by the operation, and therefore determined to give him the chance. I rapidly mapped out the area of pericardiac dulness; and, bearing in mind the *normal* position of the heart, I assumed what would probably be its *altered* position. My object was to strike the sac at the lowest possible point, and to avoid coming into contact with the thin walls of the distended auricle.

I chose for my purpose a small trocar. This I placed on the upper margin of the fifth rib, half an inch to the left of the sternum; and inclining it upwards and inwards, thrust it steadily forwards through the intercostal space towards what I believed to be the centre of the ventricle. I pushed it onwards until I could distinctly feel the movements of the heart with the instrument; and then, sheathing the point, I advanced the canula well up to the heart, until I could feel and see, and demonstrate to those around, the impulse of the heart as communicated to the instrument. The trocar was then withdrawn, and the fluid allowed to escape. This it did at first in a steady stream, which soon subsided into a saltatory flow coincident with the heart's contractions. The fluid consisted of a pale pink coagulable serum, and, upon the whole, about three ounces escaped. During the operation the patient gradually obtained relief; and after the canula was withdrawn, the bed-rest was removed, and he was able to lie down. The breathing was relieved, and was now only 36 per minute; and he was able to whisper to us that he felt unspeakable relief. The pulse had lost its rapid and struggling character, and could easily be counted, its number being about 110. The area of dulness was decidedly diminished. The operation was followed by several threatenings of syncope, which were, however, warded off by large and repeated doses of brandy, all other medicines being omitted.

Next day, the cardiac dulness had not increased; but in the evening the breathing became more laboured, and considerable delirium came on. Another large blister was placed on the region of the heart, and

half a drachm of liquor morphiæ was given; ten drops were also ordered to be repeated every six hours. From this time the patient steadily improved, and on October 13th was discharged cured. On his discharge, the pericardial dulness was little, if any, beyond the normal extent. There was a loud blowing systolic murmur heard over the apex.

Such is the case, as you will find it briefly recorded by Dr. Allbutt; and my only object in bringing it again before you at the present time is, first, that I may say that the cure has continued perfect, and that the patient is still alive, and able to follow his employment; and secondly, that I may contrast the method by which I performed the operation and attained perfect success, with that adopted by Prof. Trousseau in, I believe, every instance with a fatal result.

I used the simplest means I could think of; disturbed the natural relations of the important viscera with which I had to deal as little as possible, and was content with present relief, leaving all after-conditions to chance. I felt that, with a small trocar and canula, I could do very little harm, unless I had the ill fortune to strike the distended auricle; for I could not doubt that a light hand would so easily recognize the touch of the ventricle that any chance of its penetration was remote; and, having succeeded in withdrawing the fluid, and in obtaining decided relief to the labouring heart, I was content.

In Professor Trousseau's case, on the other hand, a very different plan was adopted. A free incision along the intercostal space was followed by a studied exposure of the bag of the pericardium; the pericardium itself was next laid freely open and evacuated; and finally, in the hope, I presume, of insuring its after adhesion to the walls of the heart, it was washed out with an iodized solution. I feel that had I, in the present instance, adopted this more heroic plan, my patient would undoubtedly have died before I could have completed the operation.

I attribute my success, then, to the simplicity of the means adopted; and I think that the case proves that, when all other means have failed, a distended pericardium may be tapped with safety, and with a fair prospect of rescuing a patient from the jaws of immediate death.

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New Experiments on the Production of Tubercle.—In the last number of Virchow's Archiv, which has just come to hand, is contained an account of an extended series of experiments by Cohnheim and Fränkel, relating to the inoculation of tubercle, which in every respect confirm the results arrived at by Dr. W. Fox and Dr. Burdon-Sanderson a year ago. Having first satisfied themselves as to the entire identity of the lesions with miliary tuberculosis in man, both as regards the naked-eye characters and the microscopical structure, they directed their attention to the question whether or not they are due to a specific virus. With this view they introduced into the peritoneal cavities of guinea-pigs minute portions of various morbid growths, as well as of healthy tissues obtained from the post-partem theatre. The results agreed entirely with those described by Dr. Fox in his lecture last May. Not satisfied with these results, they introduced into the same cavity portions of India-rubber, of charpie, or of paper. The results in all cases were the same. A caseous abscess, inclosed in a vascularized capsule, was always formed at the seat of insertion, while the peritoneum, lungs, liver, and other organs were the seat of unequivocal miliary tuberculosis. From these facts the author drew the same inference as that arrived at by Dr. Burdon-Sanderson in his communication to the Pathological Society last April—namely, that the infective material, whatever may be its chemical or physical properties, is contained in the caseous pus which in the guinea-pig is always to be found in greater or lesser quantity in the neighbourhood of inoculation wounds. For the purpose of testing the truth of this surmise, the authors varied their mode of experimentation. In several guinea-pigs a liquid consisting of caseous pus, diluted with a solution of one part of common salt in two hundred parts of water, was injected into the jugular vein. All became tuberculous. Fresh whipped blood was then injected into other animals in the same way, and finally, in another the operation preliminary to injection was performed without injecting anything. The results were the same throughout. All had abscesses at the seat of injury, and all eventually died of miliary tuberculosis. The authors went a step further. Knowing that whereas in the guinea pig any external wound, however inconsiderable, is apt to produce suppuration, and slight injuries very rarely produce this effect in the dog,

they repeated the same experiments on this animal. The result confirmed their anticipation. The injection of caseous pus always produced general miliary tuberculosis. It was not necessary to repeat the negative experiment, for the every-day experience of the physiologist teaches that in dogs the mere operation of injection by the veins is never attended with any consequences.—Lancet, Jan. 23, 1869.

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Contagion of Consumption.—M. Chauveau, Professor in the Lyons Veterinary School, continues perseveringly his researches on the contagiosity of tuberculosis. He has of late selected the intestinal surface as the field for his investigations, and through it by introducing tuberculous matter into the circulatory current he has produced at will general tubercle. The *Union Médicale* reports that he lately purchased four handsome heifers, and he tuberculized three of them by causing them to swallow 30 grammes, each of tuberculous matter taken from the body of an old phthisical cow. The rapidity of the result was extraordinary. At the end of twenty days the first heifer had lost flesh to a surprising extent, its pulse was quick and full, and it coughed incessantly. At the end of fifty-two days it was killed, and it presented perfectly marked tuberculous lesions situated especially about the mesentery and intestine. The mesenteric glands presented infiltration in so high a degree that many were of the size of the fist. Their total mass weighed 1650 grammes. All the ganglia of the bronchi and mediastinum were enlarged, and the lung was full of crude tubercle. The other two heifers presented not less perfectly marked alterations, while the fourth, to whom none of the tuberculous matter had been administered, remained intact and increased in flesh.

It is proved, therefore, that animals of the bovine species contract tuberculosis by digestive ingestion, just as they take carbuncle and cowpock, as sheep take the rot, as the horse takes glanders, and as man takes smallpox. The human digestive tube constitutes an easy channel for tuberculous contagion. If bovine phthisis be identical with tuberculosis in the human species, there is, in the use of the flesh of tuberculous animals, a danger to which the poor are more especially exposed.—Med. Press and Circular, March 24, 1869.

Carbolic Acid.—We think it necessary to put our readers on their guard against an incautious use of carbolic acid. It seems to be forgotten sometimes that this substance exercises a powerfully destructive action upon animal tissues, and that it is, in fact, a very strong caustic when concentrated. There is no doubt that many serious accidents have recently occurred from surgeons not being aware of the properties of the remedy they use so freely. It must also be remembered that the direct application of carbolic acid, even in a diluted form, to a granulating surface, will often delay cicatrization, and tend to promote suppuration, whereas, if it is employed at a distance from the wound, it will tend to diminish the formation of pus. There is, moreover, a good deal of evidence to show that it tends to stimulate the circulation through the smaller vessels, and thus gives rise to hemorrhagic oozing from recently cut surfaces, preventing their primary adhesion. If, however, it be properly applied in a diluted form to the wound itself, and in some permanent and non-volatile form to the external parts, it will be found to have a powerful influence in retarding and diminishing suppuration.—Med. Times and Gaz., March 13, 1869.

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Eruption on Abdomen Discharging a Milk-like Fluid.—Dr. Wm. Roberts introduced to the Manchester Medical Society, Jan. 13, 1869, a remarkable case of an eruption on the surface of the abdomen discharging a milk-like fluid. Although such cases were sometimes seen in hot countries, in Britain they were excessively rare. The only case he had found recorded was by Dr. A. B. Buchanan, of Glasgow, in which case the eruption was situated at the back of the thigh (*Medico-Chirurgical Transactions*, vol. xlvi.). In the present case, the vesicles were of various sizes, from a pin's head to a horse-bean, were closely agglomerated, and were surrounded by somewhat thickened skin. The affection had lasted some two years, and became developed on the healing of an abscess of the abdominal parietes. The discharge varied in amount; sometimes it spurted in a jet from one or more of the vesicles for a considerable time, and as much as seven ounces had been collected in an hour; at other times it ceased flowing for some days.

It is most abundant after food. It was of exactly the same nature as the fluid in chylous urine; it was spontaneously coagulable, contained no casein, and was cleared by ether. One day, this patient had himself passed chylous urine, thus throwing considerable light on the latter affection. Dr. Roberts thought it likely that the milky fluid was owing to an eruption on some part of the urinary passages, and that it was not secreted by the kidneys. The urine in this case was very scanty.—Brit. Med. Journ., March 20, 1869.

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Recent Experiments of Prof. Brown-Séquard.—In a communication to the French Academy, Prof. Brown-Séquard related some results of recent experiments on guinea-pigs, which he regards as of great interest and novelty. The first of these is the production of hemorrhage by lesion of the restiform bodies. Hemorrhages as a consequence of nervous affections, indeed, are not rare, as, for example, vesical hemorrhage in disease of the spinal marrow, and intestinal hemorrhage in diseases of the brain. But the fact now noted is entirely new, while thus far it is of constant occurrence. This is the occurrence after lesion of a restiform body of subcutaneous hemorrhage, very distinct, though limited in extent, of the ear. Another result of the same lesion is the production of gangrene, also of the ear, not gangrene resulting from ulceration, but dry gangrene. Moreover, when the lesion has been produced only on one side, the gangrene still is observed on both ears, although to a much greater extent on the injured side. Another fact M. Brown-Séquard was desirous of communicating is that section of the sciatic nerve induces the attack of epilepsy on exciting a certain point of the face, exactly as the experimenter has already described is the case after lesion of the spinal marrow. Mr. Colin, who has often shown himself incredulous as to the results of the author's experiments, declared that he saw in the ears of the guinea-pigs produced no signs of gangrene, but merely the result of the compression and friction that had taken place during the experiments. As to the section of the sciatic nerve, he has often performed this in the horse, but never met with anything like epilepsy resulting from the operation.

M. Colin is not the only person somewhat staggered by M. Brown-Séquard's continued revelations. M. Amedée Latour, commenting on these last, says:—

"M. Brown-Séquard's communication seemed to us to have rather astonished than convinced his audience. Experiment is doubtless a splendid thing; but does not this honourable *savant* somewhat abuse this precious means of investigation? Let us see. He pierces the restiform bodies in the medulla oblongata, and under the influence of such puncture, he finds gangrene of the ear produced. But, after all, what does this amount to, and to what practical application can it lead? What unheard-of dexterity of hand must be admitted in order that, in so complex a region as the bulb, in such small animals, and in so narrow a space wherein the pyramids, olivary bodies, pedicles, and so many other objects are mingled together, and laid one on another, it may be able to transfix these narrow and delicate bands termed restiform bodies, and none other but them! . . . The terrible M. Colin again interposes, declaring that, often as he has divided the sciatic nerve, he has never met with epilepsy. For the attack to be witnessed, M. Brown-Séquard replies, a little manœuvre is required, which consists in pinching and irritating a small determinate space of the cheek. Frankly, all this is very singular, and it is to be feared that it will end in compromising experimentation by such inconclusive exhibitions."—Med. Times and Gazette, March 27, 1869.

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New Colour Test for Blood.—We announced some time ago that an important test for blood had been discovered in Australia; consisting of the application of tincture of guaiacum and ozonized ether, which produces a beautiful blue tint with blood or blood stains. The test is excessively delicate; and we happened to be present at a lecture given by Mr. Bloxam, in which he showed some experiments with it, and added that, in the case of a blood stain twenty years old, he had extracted a single linen fibre with an almost inappreciable amount of stain on it. The characteristic blue colour was immediately induced by the test, and readily detected by microscopical examination. The testimony of so able a chemist leaves no doubt as to the value of the discovery. Ozonized ether, we may remark, is merely a solution of peroxide of hydrogen in ether.—Lancet, March 20, 1869.

Defects in the present State of the Law with regard to Criminal Lunacy.—We have repeatedly pointed out how entirely inconsistent with our present knowledge of mental diseases are certain leading principles which are accepted and applied in the administration of justice. The metaphysical test of mental capacity, founded on a knowledge of right and wrong, or of good and evil, which is applied in criminal cases, has originated in opinions regarding mental disease which are now obsolete, and is condemned with one voice by all those who, in this country and other countries, have practical knowledge of insanity and the modern method of its treatment. Indeed, the practicability and success of the modern humane treatment of the insane are based on the existence of a knowledge of right and wrong in the great majority of them; only those who are completely frenzical or fatuous can be truly pronounced destitute of such knowledge. And it is no exaggeration to say that if the unjust and inhumane legal dictum were stringently applied, as many as nine out of ten lunatics in asylums would have to be hanged in the event of their committing murder. There is, in regard to this most vital point, a direct antagonism between advancing medical science and the law which has descended to us from the time of the witch-burning Sir M. Hale; and the antagonism will never cease until the legal dictum has gone, as it must inevitably some time go, the way of the dicta under which poor old women were burnt as witches.—Lancet, Feb. 6, 1869.

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Confinement of Lunatics.—There has been lately a great outcry in France as well as in England and this country, respecting the confinement of alleged lunatics, and the political newspapers maintain that sufficient guarantees against the practice do not exist. On the other hand, the officers of asylums, and the profession generally maintain that the existing laws give every security that is requisite, indeed more than enough, for many persons at large and in prisons, who for their own sakes as well as for the welfare of society, would be much better within asylums.

The Paris correspondent of the Med. Times and Gaz., Oct. 17, 1868, writes: "M. BOUCHARD has commenced a series of interesting articles upon the subject in the *Gaz. Hebdomadaire*. He observes that the system of keeping silence respecting alleged abuses, instead of boldy meeting the charges and reducing them to their true and exceptional value, has been very mischievous, and has powerfully aided the growth of prejudice in the public mind. This has been further fostered by contemptuous opinions expressed by some of the judges, and by a man in so high a position as M. TROPLONG, as to the insufficiency of medical evidence in proof of the existence of insanity, and the slight grounds on which the diagnosis and prognosis are based.

"To the taunt that insanity cannot be defined, and that we are dealing with a mere abstraction, M. BOUCHARD replies that it is not usual in other diseases to defer their treatment until we are satisfied as to the correctness of their definition, and all he requires is that insanity should be placed in the same category with other disease. We may be thoroughly and justly convinced of its reality as such without being able to circumscribe it within any unexceptionable definition.

"'Insanity, being a disease, should be studied and treated medically, for it is curable; and if in a court of law we wish to be assured whether it is real or feigned, we must resort to the man who is conversant with lunatics, and has long studied their peculiarities. We must seek out the savant who is also a man of honour and of good sense—three guarantees that we do not, it is true, always find united, but from which the fact of being a physician is no exclusion. I am well aware that I shall have objected to me medical errors and exaggerations. These I accept: but what is to be done? Is the fear of error to condemn us to absolute immobility? We must act, proceeding even in the shade, without waiting for the advent of perfect science and the brightness of broad daylight. Because I may have been once deceived, am I to abandon those who are best informed, to advise with the most ignorant? I need not insist on this, but conclude by saying: In the scientific as in the social point of view the lunatic may become a dangerous person, but before all things he is a sick person. From this double character a double obligation results, for we have to protect the lunatic against himself, and also to protect society against him. We have moreover to care for him, as from the very nature of his malady he

resists all treatment, and, so to say, to force him back to reason. Protection and assistance are the two obligations which logically ensue.' "

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Bread-Making.—When meal is soaked a long time in water, it loses its nutritive salts—the phosphates; and when corn is ground into flour, it loses its bran, which contains an amount of phosphates of lime and magnesia nearly three times larger than does wheat-flour. The famine in East Prussia, about eighteen months ago, led Baron Liebig to investigate the question of bread-making, the results of which he has published. We are indebted to a recent number of the *Chemists' and Druggists' Advocate* for the facts. In Baron Liebig's opinion, the trade of the baker is the only one which has not been touched by progress in the course of thousands of years. We eat to-day the leavened bread mentioned in the Bible, and described by Pliny, the flour being different, but, from a physiological point of view, not better. We have ourselves long been of opinion that a vast saving would be effected if families would buy corn instead of flour, and grind it for themselves in a mill; and we believe that an attempt will soon be made to introduce some machine for the purpose. The simplest way of obtaining the full value of wheat is simply to grind the corn and bake it; but neither the persuasions of chemists nor the considerations of economy are capable of making people eat what they do not like—and they do not like brown or black bread. The nutritive value of flour is said to be at least 12 or 15 per cent. less than that of corn; but as people object to the presence of the bran, an attempt has been made to restore the nutritive value of corn by adding the phosphates simply to the flour.

A bread powder has been made by Professor Horsford, of Cambridge, North America, which, according to Liebig, makes a first class bread of agreeable taste. This bread powder consists of two preparations: the one contains the phosphates, the other bicarbonate of soda. These are mixed with the flour, water is added to make the dough, and the loaves are baked. The carbonic acid is displaced by the phosphoric during the process, the bubbles of which make the bread porous. The two chief advantages are that the bran still contains the phosphates of the corn, and no loss of flour takes place by fermentation caused by the use of leaven or yeast.—Lancet, March 27, 1869.

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Application of Chemistry.—A very interesting application of chemistry to the arts was exhibited recently at the Dublin Chemical Club, and subsequently at the Conversazione of the President of the College of Physicians. It has been found that one of the products of fermentation in ale and porter can be effectually replaced by the addition of grape sugar to the liquor, and for this purpose grape sugar is now being manufactured very largely from starch for the use of brewers and extensively imported. The objects achieved by the use of the grape sugar are justly a very considerable saving of the malt, and, as may be anticipated, a considerable reduction in price of malt liquors; and secondly, an increased capacity for keeping in the liquor made with grape sugar, which will make it peculiarly suited to foreign consumption and the export trade, and will obviate the very serious waste which now accrues from the spoiling of the liquor.—Ibid.

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The Dust of Cities.—A microscopical examination of the dust of our cities has been recently made by Mr. DANCER, F.R.A.S., and the results obtained by him are not of a very gratifying character. Mr. Dancer found an abundance of organic matter in all the specimens he examined. At the height of about five feet there was evidence of considerable "molecular activity" in the shape of animal life, beside vegetable matters, much of which consists of what has passed through the stomachs of animals, or has undergone some form of decomposition or other. Professor Tyndall also, in a lecture which he recently delivered at the Royal Institution, "On the Chemical Rays and the Light of the Sky," says: "Wishing, two or three months ago, to render visible what occurred within these tubes on the entrance of the gases or vapours, I found it necessary to intensely illuminate their interiors. The source of illumination chosen was the electric light, the beam of which, conveyed by a suitable lens, was sent along the axis of the tube. The dirt and filth in which we habitually live were strikingly revealed by this method of illumination. For wash our tube as we might with water, alcohol, acid or alkali

until its appearance in ordinary day-light was that of absolute purity, the delusive character of this appearance was in most cases revealed by the electric beam. In fact, in air so dirty as that which supplies our lungs—and I will not say that we could get on healthily without the 'dirt,'—it is not possible to be more than approximatively cleanly."—Lancet, March 20, 1869.

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Ligature of the Abdominal Aorta.—Mr. Stokes, of Dublin, deligated the abdominal aorta, on March 8th, for an enormous ileo-femoral aneurism. The patient rallied well for some hours after the operation. Syncopal attacks, however, came on in the course of the afternoon, and the patient died at midnight. The collateral circulation was rapidly established, and the pulsation in the left femoral was restored within five hours after the operation. The heart presented well-marked appearances of fatty degeneration. To this Mr. Stokes attributes the occurrence of death by those syncopal attacks so common in such cases.

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Prize for the Discovery of Means to prevent Premature Interments.—We have been requested by M. De Breuvery, executor of the Marquis d'Ourches, to announce that the latter has, by will, appropriated twenty-five thousand francs for the foundation of two prizes.

1st. A prize of twenty thousand francs is offered for the discovery of a simple and infallible means, one which may be employed by ignorant persons without instruction, for determining actual death.

2d. A prize of five thousand francs for the discovery of an infallible means of recognizing death by the aid of electricity, of galvanism, or of any other procedure either requiring skill, or the application of knowledge, the use of instruments or of substances which every one has not the ability to employ.

The Imperial Academy of Medicine will award these prizes, and to the perpetual Secretary of the Academy all memoirs on the subject must be addressed. The prizes must be awarded before April, 1873.

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Liberal Donation.—Mr. Erasmus Wilson has munificently presented to the London College of Surgeons the sum of £5000 to endow a Professorship of Dermatology—the branch of our Art to which he has devoted his life and which he has done more than any one living to advance. The Professorship is not to be confined to Fellows of the College thus benefited, but with true liberality is to be conferred on the best man whatever his legal qualifications.—Ibid.

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Poisonous Hair-dyes.—The frequent impunity with which leaden and other metalliferous hair-dyes are used, when only applied at intervals, has led to the introduction of a more dangerous class than these, called hair-restorers, in which a slower action of lead is employed to blacken the hair by daily applications. The most romantically named hair-dyes and restorers are just so many solutions of lead, mercury, silver, or copper, combined with mordants or decomposing agents. Those of nitrate of silver destroy the hair, but do not injure the health. Mr. Erasmus Wilson tells us that one of the most largely used hair-restorers contains as much as a drachm of acetate of lead to half a pint; it is sold for more guineas than it is worth pence in point of money value. Leaden combs, used daily, produce also insidious forms of lead-poisoning. Schott publishes, in the Gazette Médicale de Paris (1864), an instructive *post-mortem* examination of a fatal case. Those who have used some of these poisonous preparations with impunity for a number of years should yet remember the fate of Mademoiselle Mars, who also dyed her hair, in the hope of eternal youth, and succumbed in one night, under cerebral disturbance produced by a new application. The pearl-white powders, which are becoming more and more fashionable for giving the complexion the dull Parisian whiteness of skin—the *teint mat*—are equally dangerous, and produce numerous poisonings, especially amongst dramatic artists. There are many innocuous powders which answer the purpose; but carbonate of lead adheres so much better, that it is still the favourite, as it was when Ovid denounced it in his *Ars Amoris*, and Martial in his Epigrams.—Brit. Med. Journ., Jan. 9, 1869.

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Sock and Shirt Poisoning.—The interest in "sock and shirt poisoning" is extending to foreign medical writers. In the first place, Professor Tardieu, *facile princeps* of French medical jurists, has met with more

than one case of poisoning of an unequivocal character by socks dyed with a brilliant red colour—*coralline*—of which he proved the poisonous properties by physiological experiments upon animals with small quantities extracted from the socks. His paper, read before the Academy of Medicine on February 2d, is a very elaborate and conclusive document. Professor A. Grand-Marais of Nantes gives this week, in the *Gazette des Hopitaux*, a very detailed and remarkable case of local and constitutional poisoning attributed to a dyed shirt, which he heads, "A Case to serve for the History of Poisoning by the English Tissues of Carmine Colour," which fully bears out the warning given recently in our columns by Professor Wanklyn. The absorption of the colour not only caused distressing local symptoms, but very serious general poisoning. Professor Marais' patient was a ship captain, and he concludes impressively: "Let us trust that other accidents of this nature may not have happened at sea, on sailors tempted by these bright English colours; and that they may not have had a fatal termination." It should be mentioned that, in the three cases of poisoning mentioned in M. Tardieu's elaborate memoir, and in a similar case referred to in the discussion by Dr. Cerise, the incriminated articles were of English manufacture; and they were dyed with the red coralline of commerce, a derivative of rosolic acid, itself derived by oxidation from phenic acid.—Brit. Med. Journ., Feb. 27, 1869.

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Newspaper Sewage.—The Saturday Review, in a trenchant article under the above title, denounces the practice pursued by certain newspapers of admitting objectionable advertisements into their columns. We are glad to find so influential an organ of public opinion expressing itself strongly with regard to an evil that we were the first to denounce, and that we have done much to cure. On the question of law reports, the public does not require our help to enable it to judge. But the villainy of quack advertisements is not at first sight so apparent; and it is only those who have had opportunities of knowing something of the practices of the shameless rogues who insert them who are able to appreciate rightly the evil which follows their publication. Such opportunities have been abundantly enjoyed by all members of the press; and no newspaper can fairly plead ignorance on the subject. We would quote again, in order to give them greater prominence, the eloquent words of Dr. Richardson, which appeared in our columns last week. Speaking as president of the St. Andrews Medical Graduates' Association, he said of quacks: "Belonging strictly to the worst of the criminal classes, they are moved by no sentiments which the most acute criticism can touch. A professed gambler may have sense of honour, a professed pickpocket may have skill, a professed burglar may have courage; the professed quack has the sins of them all, the saving qualities of none." We commend these observations to the proprietors of the newspapers which are virtually aiding the men whom Dr. Richardson has thus rightfully and righteously described.—Lancet, Dec. 12, 1868.

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Mortality from Snake Bites in India.—It appears from the Oude Administration Report that during the past year 1127 persons died from the effects of snake bites in that province, and from the Central Provinces Administration Report that 1874 deaths had occurred in them from the same cause during the three preceding years.—Lancet, Feb. 6, 1869.

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Obituary Record.—Died, at Southernhay, 17th March, 1869, John Haddy James, F. R. C. S., of Exeter, in the 81st year of his age. Mr. James was well known as one of the most distinguished and successful surgeons of the West of England.

—— in Dublin, March 28, 1869, Maurice Henry Collis, M. D., Dublin, F. R. C. S. I., Surgeon to the Meath Hospital and County Dublin Infirmary, in the 45th year of his age. On the 22d March, while engaged in the Meath Hospital in removing the upper jaw for a cancerous tumour, he slightly punctured his finger, but thought no more of the occurrence until two days afterward, when he was seized with a severe rigor, speedily followed by other symptoms of blood poisoning, and eventually by secondary pneumonia, which proved fatal in four days. Mr. C. was an accomplished surgeon, and highly esteemed by his professional brethren.

—— at Brighton, March —, 1869, Sir Joseph Francis Olliffe, M. D., for the last seventeen years physician to the British Embassy at Paris.